

Suggested Form  
Formality Review Claims Count Sheet

Date:

Case No.

10672238

		PARASITE Ind.	PARASITE Dep.		PARASITE Ind.	PARASITE Dep.		PARASITE Ind.	PARASITE Dep.		PARASITE Ind.	PARASITE Dep.
1	1	41			81			121			161	
2		42			82			122			162	
3	2	43			83			123			163	
4	1	44			84			124			164	
5	1	45			85			125			165	
6	1	46			86			126			166	
7		47			87			127			167	
8		48			88			128			168	
9		49			89			129			169	
10		50			90			130			170	
11		51			91			131			171	
12		52			92			132			172	
13		53			93			133			173	
14		54			94			134			174	
15		55			95			135			175	
16		56			96			136			176	
17		57			97			137			177	
18		58			98			138			178	
19		59			99			139			179	
20		60			100			140			180	
21		61			101			141			181	
22		62			102			142			182	
23		63			103			143			183	
24		64			104			144			184	
25		65			105			145			185	
26		66			106			146			186	
27		67			107			147			187	
28		68			108			148			188	
29		69			109			149			189	
30		70			110			150			190	
31		71			111			151			191	
32		72			112			152			192	
33		73			113			153			193	
34		74			114			154			194	
35		75			115			155			195	
36		76			116			156			196	
37		77			117			157			197	
38		78			118			158			198	
39		79			119			159			199	
40		80			120			160			200	
T. Ind.	2				T. Ind.			T. Ind.			T. Ind.	
T. Dep.	5				T. Dep.			T. Dep.			T. Dep.	
Total	7				Total			Total			Total	

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective January 1, 2003

Application or Docket Number

10672 238

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	6	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT	<input checked="" type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	280
TOTAL		OR TOTAL	

OTHER THAN  
SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.